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<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life Insurance Company of the Southwest
<b>TOI/Sub-TOI:</b>	A10 Annuities - Other/A10.000 Annuities - Other		
<b>Product Name:</b>	Maximum Premiums Endorsement		
<b>Project Name/Number:</b>	Maximum Premiums Endorsement/20148(1112)		

## Filing at a Glance

Company:	Life Insurance Company of the Southwest
Product Name:	Maximum Premiums Endorsement
State:	Arkansas
TOI:	A10 Annuities - Other
Sub-TOI:	A10.000 Annuities - Other
Filing Type:	Form
Date Submitted:	11/16/2012
SERFF Tr Num:	NALF-128772968
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	20148(1112)
Implementation	On Approval
Date Requested:	
Author(s):	Junan Boldrey, Dionne Wills
Reviewer(s):	Linda Bird (primary)
Disposition Date:	11/28/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

**State:** Arkansas  
**TOI/Sub-TOI:** A10 Annuities - Other/A10.000 Annuities - Other  
**Product Name:** Maximum Premiums Endorsement  
**Project Name/Number:** Maximum Premiums Endorsement/20148(1112)

**Filing Company:** Life Insurance Company of the Southwest

## General Information

Project Name: Maximum Premiums Endorsement

Project Number: 20148(1112)

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Dionne Wills

Filing Description:

Arkansas Department of Insurance

Maximum Premiums Endorsement Form 20148(1112)

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: This form is pending approval in domicile.

Market Type: Individual

Individual Market Type:

Filing Status Changed: 11/28/2012

State Status Changed: 11/28/2012

Created By: Dionne Wills

Corresponding Filing Tracking Number:

Submission: Submitted for your review is a copy of the above referenced form. This is a new form, and it has not been previously submitted to your department.

Readability Statistics: When scored separately the Maximum Premiums Endorsement has a readability score lower than required, however, when scored with one of our annuity policy forms, the endorsement scores over 50.0 on the Flesch Readability Test.

Description: The form is an endorsement that defines the contractual maximum premium limits for the policy, contract, or certificate to which the endorsement is attached.

Statement of Variability. A Statement of Variability disclosing the form's elements that are bracketed is enclosed.

Usage. We may use this endorsement with any of our previously approved flexible premium indexed or fixed annuities, including forms approved through the IIPRC and used in your state. The endorsement will be used for new issues only.

## Company and Contact

### Filing Contact Information

Junan Boldrey, Manager, Policy Filings, jboldrey@nationallife.com

Retirement Division

15455 North Dallas Parkway

800-543-3794 [Phone] 9316 [Ext]

Suite 800

214-638-9196 [FAX]

Addison, TX 75001

**State:** Arkansas  
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**Filing Company:** Life Insurance Company of the Southwest

**Filing Company Information**

Life Insurance Company of the  
Southwest  
15455 Dallas Parkway  
Suite 800  
Addison, TX 75001  
(214) 638-9316 ext. [Phone]

CoCode: 65528  
Group Code: 634  
Group Name: National Life Group  
FEIN Number: 75-0953004

State of Domicile: Texas  
Company Type:  
State ID Number: 1117

**Filing Fees**

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation: Domicile filing fee is \$100.00.  
Per Company: No

Company	Amount	Date Processed	Transaction #
Life Insurance Company of the Southwest	\$100.00	11/16/2012	64992577

<b>SERFF Tracking #:</b>	NALF-128772968	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	20148(1112)
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/28/2012	11/28/2012

<b>State:</b>	Arkansas	<b>Filing Company:</b>	Life Insurance Company of the Southwest
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## Disposition

Disposition Date: 11/28/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Compliance Certification		Yes
Supporting Document	Statement of Variability		Yes
Form	Maximum Premiums Endorsement		Yes

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<b>Product Name:</b>	Maximum Premiums Endorsement		
<b>Project Name/Number:</b>	Maximum Premiums Endorsement/20148(1112)		

## Form Schedule

Lead Form Number: 20148(1112)								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Maximum Premiums Endorsement	20148(1112)	POLA	Initial		20.200	20148(1112).pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NOC</b>	Notice of Coverage
<b>OTH</b>	Other	<b>OUT</b>	Outline of Coverage
<b>PJK</b>	Policy Jacket	<b>POL</b>	Policy/Contract/Fraternal Certificate
<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	<b>SCH</b>	Schedule Pages

# Maximum Premiums Endorsement

Life Insurance Company of the Southwest • [Addison, Texas 75001]  
[www.NationalLifeGroup.com • Customer Relations 800-732-8939]

The annuity policy, contract, or certificate under a group annuity policy (collectively, the "Policy") to which this Endorsement is attached is amended as specified below.

- If the Policy contains a provision that limits the maximum cumulative premiums or the maximum annual premiums that can be paid into the Policy of more than the Premium Limits indicated below, then the limitation(s) is(are) stricken and the provision below is added in its place.
- If the Policy to which this Endorsement is attached contains no provision that limits the maximum cumulative premiums or the maximum annual premiums that can be paid into the Policy, then the following provision is added to the Policy.

## Maximum Premiums

No premium of any kind, whether direct, transfer, exchange, rollover, or other, may be paid to the Policy that would

- increase the cumulative amount of premiums that have been paid in the Policy to more than the Cumulative Premium Limit shown below, or
- increase the annual premiums paid in the Policy in any given Policy Year to more than the Annual Premium Limit shown below,

unless We agree otherwise.

Cumulative Premium Limit: [\$250,000]  
Annual Premium Limit: [\$25,000]

Signed for Life Insurance Company of the Southwest by

[  ]

[ Secretary ]

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## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	When scored separately the Maximum Premiums Endorsement has a readability score lower than required, however, when scored with one of our annuity policy forms, the endorsement scores over 50.0 on the Flesch Readability Test.		

		Item Status:	Status Date:
Satisfied - Item:	Compliance Certification		
Comments:			
Attachment(s):			
20148(1112) AR Certification of Compliance 111612.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
20148(1112) SOV.pdf			



# ARKANSAS CERTIFICATE OF COMPLIANCE

(You may print or type the information required by this form)

FORM SELF CERT



I, Michael C. Ward, FSA, MAAA  
(Name)

Vice President, Actuarial of  
(Title of Authorized Officer)

Life Insurance Company of the Southwest  
(Name of Insurer)

declare that I am authorized to execute and file this certificate of compliance and do hereby certify that I am knowledgeable of the legal requirements under Arkansas law applicable to the insurance forms that are the subject of this filing and further aver:

1. Upon information and belief, I certify that the insurance forms filed herewith are complete and comply with all Arkansas laws, including the:

- Arkansas Code Annotated;
- Arkansas Rules and Regulations;
- Arkansas Insurance Bulletins, Directives and Orders;
- Applicable filing requirements including the applicable product standards set forth in the product checklists; and
- Rulings and decisions of any court of this state.

2. I understand and acknowledge that the Commissioner will rely upon this certificate and if it is subsequently determined that any form filed herewith is false or misleading, appropriate

corrective action shall be taken by the commissioner against the company.

3. Pursuant to Ark. Code Ann. § 23-79-109(a)(1)(C), I understand that by certifying that a form complies with paragraph 1 hereof, it is not to be taken by the undersigned or by my company as meaning that any insurance effected by use of such form may in any fashion be inconsistent with the statutory and common law of Arkansas.

4. Pursuant to Ark. Code Ann. §23-79-118, I understand and acknowledge that any insurance policy, rider, endorsement or other insurance form filed under this certificate, that is subsequently issued to an insured, and contains any condition or provision not in compliance with the requirements of the laws of the State of Arkansas, as set forth in paragraph 1 hereof, shall be construed and applied in accordance with such condition or provision as would have applied if the policy, rider, endorsement or form had been in full compliance with the law.

Does this Certification apply to all the companies in this filing? (Yes or No) ► Yes

If "NO", to which companies does this Certification apply?

Company Name(s)	NAIC #

Company Tracking Number

**20148(1112)**

Signature of Authorized Officer ► Michael C. Ward

Digitally signed by Michael Ward  
DN: cn=Michael Ward, o=(professional), ou,  
email=mikeward@sbcglobal.net, c=US  
Date: 2012.11.16 13:20:25 -0600

Name of Authorized Officer ► Michael C. Ward

Title of Authorized Officer ► Vice President, Actuarial

Email address of Authorized Officer ► mward@nationallife.com

Telephone # of Authorized Officer ► 214-638-9129

Date: 11/16/2012

This form may be computer generated by the company. So long as the wording and general layout is the same, the format may vary. For more information, contact the Property & Casualty Division of the Arkansas Insurance Department at 1200 W 3<sup>rd</sup> St., Little Rock, AR 72201, telephone: 501-371-2800, or email: [information.pnc@arkansas.gov](mailto:information.pnc@arkansas.gov)

AID PC SelfCert (4/30/03)



## **20148(1112) - Statement of Variability**

Variables for the website address, phone number, and company city and zip code – these items are subject to change.

Variables for the officer title and signature – signature of the officer currently holding that title. In the event the title of an officer signing the policy form changes, any new title utilized will be the title of an officer of the company.

Variables for the Cumulative Premium Limit - \$10,000 – 10,000,000

Variables for the Annual Premium Limit - \$10,000 – 1,000,000